

N E W Y O R K H O S P I T A L

Department of Psychiatry

•

Payne Whitney
Psychiatric Clinic
and
Interdepartmental
Psychiatric Service

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ANNUAL REPORT
1936



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THE CLINIC BUILDING

N E W Y O R K H O S P I T A L



INCORPORATED A.D. 1771
IN THE REIGN OF GEORGE III

Department of Psychiatry

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ANNUAL REPORT 1936

NEW YORK HOSPITAL DEPARTMENT OF PSYCHIATRY

The department, distinct from the New York Hospital—Westchester Division at White Plains, is conducted under the supervision and direction of the following committee of the Board of Governors:

PAYNE WHITNEY PSYCHIATRIC COMMITTEE

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HENRY G. BARBEY

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MEDICAL AND EXECUTIVE STAFF

Psychiatrist-in-Chief

OSKAR DIETHELM, M.D.

Consulting Psychiatrists

WILLIAM L. RUSSELL, M.D. CLARENCE O. CHENEY, M.D.

Associate Psychiatrist and Medical Director

GERALD R. JAMEISON, M.D.

Attending Psychiatrists

PHYLLIS GREENACRE, M.D. GEORGE W. HENRY, M.D.

Associate Attending Psychiatrists

WILLIAM H. DUNN, M.D. NORVELLE C. LAMAR, M.D.

Assistant Attending Psychiatrists

MARION STRANAHAN, M.D. CHARLES DILLER RYAN, M.D.

Assistant Attending Physician

CARL BINGER, M.D.

Attending Dental Surgeon

D. AUSTIN SNIFFEN, D.D.S.

Consulting Physicians

(from Department of Medicine)

JOSEPH C. ROPER, M.D. EDWARD CUSSLER, M.D.

Resident Psychiatrists

EDWIN E. McNIEL, M.D.

VALER BARBU, M.D.

BURTRUM C. SCHIELE, M.D.

Assistant Resident Psychiatrists

LINCOLN RAHMAN, M.D. HERBERT S. RIPLEY, M.D.

Junior Assistant Resident Psychiatrists

ROBERT P. KEMBLE, M.D. JOHN KETCHAM, M.D.

RUTH EMILIE JAEGER, M.D.

Psychiatrists to Out-Patients

EDWARD B. ALLEN, M.D.*

HELEN P. LANGNER, M.D.

SMILEY BLANTON, M.D.

LESLIE E. LEUHRS, M.D.

PATRICK H. DREWRY, JR., M.D.*

ALEXANDER R. MARTIN, M.D.

B. MILDRED EVANS, M.D.

CHARLOTTE MUNN, M.D.

THOMAS H. HAINES, M.D.

HENRY A. SHAW, M.D.

EMELINE P. HAYWARD, M.D.

GEORGE S. SPRAGUE, M.D.*

MABEL HUSCHKA, M.D.

HANS SYZ, M.D.

MURIEL IVIMEY, M.D.

JAMES H. WALL, M.D.*

ELIZABETH KILPATRICK, M.D.

BETTINA WARBURG, M.D.

JOSEF A. KINDWALL, M.D.*

KATHERINE F. WOODWARD,
M.D.

Assistant Psychiatrists to Out-Patients

ELINOR EDGAR, M.D.**

JOSEPH W. OWEN, M.D.

GEORGE H. GEROW, M.D.

JOHN L. SMALDON, M.D.*

CHARLES M. HOLMES, M.D.

BENJAMIN McL. SPOCK, M.D.***

MORTON L. WADSWORTH, M.D.*

Graduate Clerks to Out-Patients in Psychiatry

DANIEL F. BROPHY, M.D.

DONALD M. HAMILTON, M.D.*

BILLY K. KELLER, M.D.*

* Members of the Staff of the New York Hospital—Westchester Division.

** Deceased.

*** Resigned during the year.

Psychologist

ARTHUR L. BENTON, A.B., A.M., Ph.D.

Chief Soeial Worker

MARY L. WHITEHEAD, B.A.

Director of Psyehiatric Nursing

CAROLYNE A. SPROGELL, B.S., R.N.

Assistant Director of Psyehiatric Nursing

ELIZABETH K. GIBSON, B.S., R.N.

Supervisors

ELEANOR CORRIGAN, R.N. LAURA FITZSIMMONS, R.N.
MARGARET JOINVILLE, R.N. ELIN FRIBERG, R.N.

ELEANOR LEWIS, B.A., R.N.
(Out-Patient Service)

Chief Occupational Therapist

PAULINE G. GUNDERSEN, Reg. O.T.

Chief Physical Therapists

MARY E. HIBBLER HARRY E. LAWSON, B.S., M.A.

Dental Hygienist

LOUISE P. HOFF, D.H.

Chief Dietitian

SUSAN N. PAIGE, B.S.

Accountant and Chief Clerk

HUGH H. CREIGHTON, A.B., M.Arch.

Housekeeper

ALMA K. ROSE



CORNER OF ENTRANCE LOUNGE



THE OPEN ROOF TERRACE IS AN IDEAL PLACE
FOR OUTDOOR RECREATIONS

ANNUAL REPORT OF PSYCHIATRIC SERVICE

To the Board of Governors of the Society of the New York Hospital:

GENTLEMEN:

This report of the Department of Psychiatry of the New York Hospital for the year ending December 31, 1936, presents a summary of the administration and treatment of the in-patient group, the work of the out-patient department, and the related teaching and research activities. The Payne Whitney Psychiatric Clinic was opened for the reception of patients in the fall of 1932, under circumstances not too favorable for expansion. The widespread and severe economic depression made it necessary to close the children's floor after the first year of operation, and other major changes in keeping with a policy of retrenchment were instituted. Nevertheless, each year has shown progress. Dr. William L. Russell, whose rare foresight, high professional ideals, and unusual administrative ability had much to do with the successful operation of the Clinic during this trying period, relinquished active participation in the details of the service following the appointment of Dr. Oskar Diethelm as Psychiatrist-in-Chief of the New York Hospital, and of Dr. Gerald R. Jameison as Associate Psychiatrist and Medical Director of the Payne Whitney Psychiatric Clinic, on March 1, 1936. The administration of the Payne Whitney Psychiatric Clinic being to a large extent independent of the general hospital, the position of medical director was created to relieve the psychiatrist-in-chief of the details of actual administration which would otherwise circumscribe and limit his intimate contact with the therapeutic, educational, and research activities of the organization.

PAYNE WHITNEY PSYCHIATRIC CLINIC

IN-PATIENT DEPARTMENT

Admission of Patients

During the year 353 patients (55 more than in 1935) received treatment as in-patients. These included 283 new admissions (52 more than last year, and 99 more than in 1934). Of these, 100 were men and 183 were women. The higher percentage of women patients has been consistently present since the Clinic was opened, so that the original plan for equal room allowance for both sexes has required modification which will probably become permanent. This situation seems common in other private psychiatric hospitals and may have some relation to economic factors. The group under treatment represented 22,708 patient days in the Clinic.⁽¹⁾

There were 492 applications for admission, approximately 67 per cent of these being referred by physicians in private practice. One hundred and forty-five applications were declined as unsuitable; to some extent this was undoubtedly due to a lack of understanding of the nature and purpose of the Clinic by the referring agencies. As the Clinic is primarily a treatment hospital, the selection of cases is based on certain recognized psychiatric principles. Preference is given to patients in the active period of life, whose duration of illness, clinical picture, and intellectual background warrant the belief that definite benefit will be derived from treatment. The accommodations are too limited, the work too selective, and the contact of one patient with another in their therapeutic social relationships too close to permit much variation of this policy. An occasional patient with a well-established illness may be accepted for a general review leading to recommendations as to future care, while certain others whose symptoms are unusually interesting or puzzling are accepted for study and teaching purposes. There is still another group who spend a few weeks in the Clinic previous to being transferred to the Westchester Division.

The statistical diagnoses of the cases treated in the Clinic are presented in Table II of the Appendix. This is a formal

(1) Appendix—Table I.

classification and is quite inadequate in giving a true picture of the wide variety of personality disorders treated in our Psychiatric Clinic during the year. For clinical and research purposes a more specific type of diagnosis is recorded in the case history of each patient. Approximately 79 per cent of the patients admitted were considered as having functional disorders.⁽²⁾

The average age of the patients admitted was 36.9 for men, and 38.9 for women. Sixteen patients were under twenty years of age, 81 were under thirty, and 156 (55 per cent) were under forty. Fifty per cent of the patients had been educated in high schools and 30 per cent in universities or colleges; twenty-nine were still students. The occupations of the group were chiefly professional and commercial. Included in these were 7 physicians, 1 dentist, 4 lawyers, 5 clergymen, 18 teachers, 14 artists (music, stage, painting, writing), 5 nurses, 13 business executives, and 15 brokers (stocks, realty, insurance). Of the 183 women patients 59 were single; of the 100 men patients, 41 were single. Forty-two of the women patients were self-supporting.

Discharge of Patients The number of patients discharged was 277, six less than the number admitted. Patients are discharged from the Clinic in various ways. Because we adhere rather closely to the policy of accepting those patients who will benefit by treatment within a reasonable period of time, a considerable number return directly to the community. Sixty-one patients were regarded as recovered or much improved (social recovery) when they left the Clinic, and 140 others were regarded as improved. This shows that a total of 201 patients (72 per cent) received substantial benefit from treatment. Twenty-nine patients left the Clinic unaccompanied, 160 were discharged to the care of relatives or friends, and 73 were sent to other psychiatric hospitals. Of this last-mentioned group, 40 were transferred to the New York Hospital-Westchester Division at White Plains, where the treatment begun in the Clinic could be continued without interruption. These particular patients

(2) Appendix—Table II.

were expected to recover, or at least show considerable improvement after an extended period of care, but, in addition to what the Clinic could provide, they needed the organized outdoor recreational facilities at the Westchester Division, as well as an opportunity for more intensive social and group integration, not practical in New York.

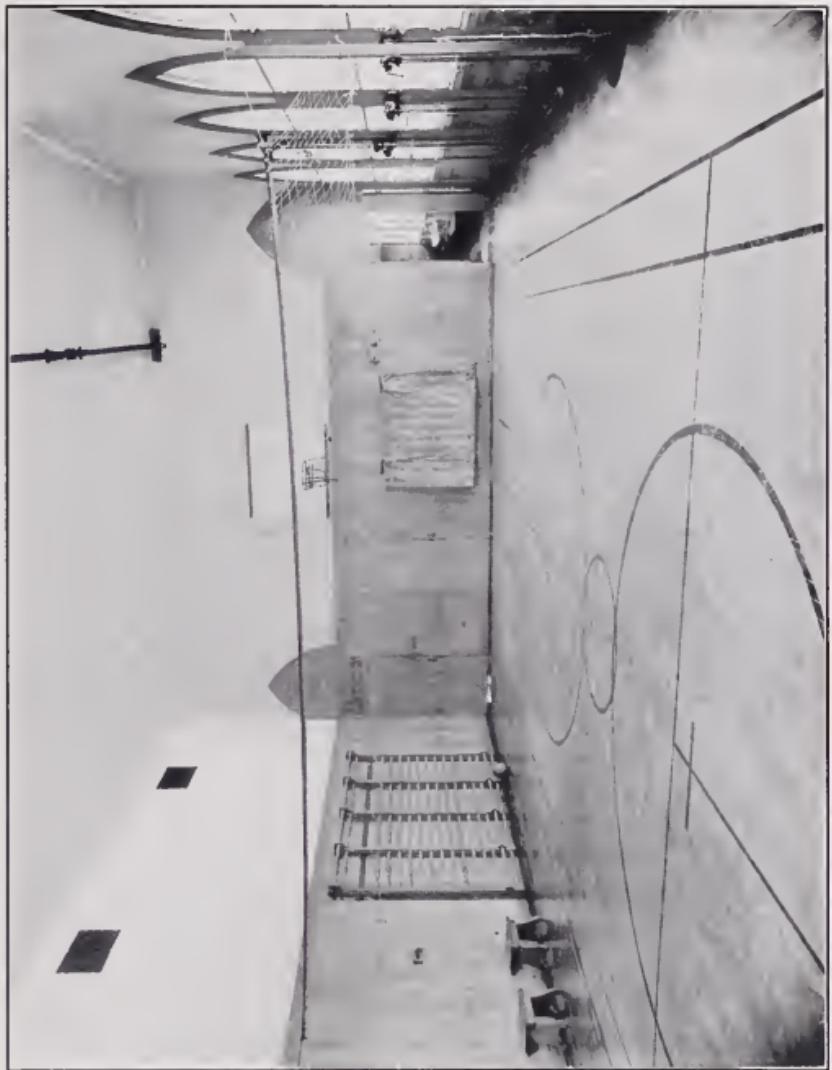
Seven patients were transferred to the general hospital for medical and surgical attention after the psychiatric aspect of their difficulties had received treatment in the Clinic. In contrast to this, 11 patients were transferred to the Clinic from the general hospital for treatment of personality problems developing during their physical illness. Sixteen patients with mental disorders suggesting chronicity, or an unusually prolonged treatment problem, were transferred to state hospitals or municipal observation wards, while 16 others were transferred to private institutions. Six patients died: 2 with metastatic carcinoma; 2 with cerebral arteriosclerosis; and 1 each with general paralysis and delirium tremens.

CLINICAL SERVICES AND TREATMENT

A detailed description of the various personality problems presented by the individual patient would require considerable elaboration, not practical in this report. It is just as difficult to describe individual therapy. It is a well-recognized principle today that the total individual must be treated when he becomes ill. Only a limited objective is obtained if an attempt is made to separate the patient's physical and psychological problems. Our therapeutic resources center about the principle that all aspects of the individual's make-up need consideration, and the practical application of this will be seen in the detailed reports of the department units.⁽¹⁾

Physicians Each patient admitted to the Clinic is assigned to an individual physician who is responsible for an immediate physical examination, to be followed promptly by a

(1) Appendix—Table I.



THE GYMNASIUM IS PART OF THE 8TH FLOOR
RECREATIONAL FACILITIES

WOODCRAFT IN THE OCCUPATIONAL THERAPY
DEPARTMENT IS POPULAR



detailed study of the patient's mental state and personality reactions. This physician is also responsible for treatment. Morning conferences are held daily, at which the doctors have an opportunity to discuss their patients' treatment and condition with the supervisors of nursing, and with the heads of the therapeutic units. Reports are received, suggestions offered, and, based on reactions to the previous day's schedules, various therapies are prescribed or modified as the physician directs. Three times a week medical staff conferences are held. Here the personal physician presents his record of the patient's life history. The patient also attends and, for the purpose of therapy, is given an opportunity to review his problems and seek advice. In this way each patient is assured of the mature opinion and collective judgment of the entire medical staff. Furthermore, the physicians of the resident staff have daily formal and informal conferences with the psychiatrist-in-chief and the medical director, who see each patient regularly in individual consultations, when both administrative and therapeutic aspects of the patients' problems obtain constructive and detailed discussion.

New patients are seen by a medical consultant after the personal physician has completed his physical examinations. In this way a correct check is made of all positive findings, as well as a general review of the individual physician's reports. This service is provided by Dr. Roper and Dr. Cussler, attending physicians from the medical department of the general hospital. They made 115 visits during the year, performing 259 routine physical examinations. Special examinations were also made by consultants from other departments of the general hospital, including ear, nose and throat, gynecology, surgery, urology, neurology, and the department of roentgenology. Altogether 749 consultations were provided by members of the resident or attending staffs of the general hospital. In addition, 147 visits were made by our patients to various services of the general hospital.⁽³⁾

(3) Appendix—Table III.

Dentistry Each patient is given a routine dental examination on admission, including x-ray of all teeth. The wisdom of having a separate dental department in the psychiatric division is borne out by the results obtained. Dr. D. Austin Sniffen, through his long association with the New York Hospital-Westchester Division, is particularly well experienced to direct this aspect of treatment. He visits the Clinie two afternoons a week, while the dental hygienist provides dental prophylaxis daily. Throughout the year Dr. Sniffen performed 2,235 dental operations, an increase of more than 400 over 1935. The dental hygienist gave prophylactic treatment to 217 patients, and dental hygiene instruction to 205. A moderate extra charge is made for dental attention, which has helped in maintaining this service. However, patients who need dental treatment and are unable to pay for its cost are treated without charge, upon Dr. Sniffen's recommendation. No dental work is done without the written authorization of the patient or of a responsible relative.⁽⁴⁾

Laboratories The laboratory activities have increased considerably, and a full-time technician has been appointed for the clinical service. This technician is doing the routine laboratory examinations of all patients admitted, including blood and urine examinations and various special tests which are indicated. A total of 2,932 clinical tests were made, approximately 500 more than in 1935.

Our x-ray unit functions with the cooperation of Dr. John R. Carty of the x-ray department of the New York Hospital, a half-time technician being carried by the Clinie from his department. This service is expected to assume added importance during 1937.

Dietary The diet of mentally ill patients needs special consideration for various reasons. The dietary service of the Clinie, a unit in itself, has been of inestimable value in our treatment program. When one considers that the average new patient requires weeks or even months of hospital care, it is evident that his food cannot be provided routinely. Re-

(4) Appendix—Table IV.

striction of his activities in a limited environment, frequent concern over his physical health, and even misconceptions and delusions concerning food, all tend to create an exaggerated emotional state with an accompanying capricious appetite. As a result, frequent variation of menus is required, as well as special diets and supplementary feedings which would be very difficult to obtain from a large general kitchen. Furthermore, the dietitians themselves, by frequent visits to the floors, become acquainted with the patients and a certain personal relationship and understanding develops. This, in turn, tends to limit individual dissatisfactions and complaints, which is of much value from a therapeutic point of view. Many of the patients are emotionally unstable and readily project or rationalize their difficulties, so that tactful consideration and thoughtful understanding are needed in this respect. Experience has shown that a good dietary, with dietitians who appreciate the psychological, as well as the physiological factors involved in the treatment of mental patients, adds much to the standards of care provided and the results achieved.

During the year our chief dietitian served over 68,000 meals to patients. Included in these was a daily average of seventeen specially planned diets, and twenty-four intermediate nourishments. She also provided the diets in the nursery school, the refreshments for patients' entertainments, and the collations for several professional meetings held at the Clinic during the year.

Nursing Although, fundamentally, each unit of a therapeutic organization has an importance peculiarly its own, high standards of care and treatment obtain only where a close correlation is maintained between all of the departments. As a result of this inter-relationship, one department cannot function adequately unless it has the cooperation and stimulation of the others. This is particularly true of the nursing group. With the exception of the physician's personal work with his patients, all therapies center about the nurse. She receives the physician's orders, carries out all of the nursing procedures, prepares the patients for their visits to the various special therapies, and also lives with the patient through all of

his worries, anxieties, suspicions, and dissatisfactions for many hours uninterrupted. In this respect the nursing service is one of the most important parts of a highly organized treatment clinic. Our nursing staff is composed of well-trained and experienced graduate nurses, both men and women. These nurses, recognizing the value of individual as well as group treatment, have much to do with the maintenance of an orderly, constructive, therapeutic atmosphere.

***Physiotherapy
and
Hydrotherapy***

Hydrotherapy was used extensively, as in previous years. The nurses gave over 9,800 prolonged baths and wet packs during the year (approximately 3,000 more than in 1935).

There were also over 4,000 treatments with other forms of hydrotherapy. Further organized therapeutic measures included 1,051 general and local massage treatments, extensive individual corrective and re-educational exercises, 3,300 treatments with various lights and sun baths, and approximately 13,500 games, rhythmic, and exercises with and without the apparatus of the gymnasium.

***Occupational
Therapy***

Occupational therapy continues to be an important part of the patients' daily activities. The majority of the patients attended regular classes in the occupational department on the eighth floor, but those unable to attend were given frequent personal attention on the resident floors. Up to the present the classes have been divided into four groups, one each for convalescent men and women, and one each for the more acutely sick men and women. There were 1,180 classes held in the department during the year, and 2,551 visits made to individual patients on the floors. Approximately 95 per cent of the total number of patients treated in the Clinic received occupational therapy. Its importance as a treatment procedure needs little emphasis, but it is interesting to note that many patients found that the earlier incentives to regain natural interests and desires began in the attractive work-rooms and pleasant associations of the occupational therapy rooms.

PAYNE WHITNEY PSYCHIATRIC CLINIC

OUT-PATIENT DEPARTMENT

Purpose The aim of this department is primarily to offer treatment to patients who cannot afford to obtain it from private practitioners. Diagnostic-consultive service needs, however, to be given frequently, especially in the case of patients who are seen by psychiatrists in the medical and pediatric out-patient departments. Some of these patients are referred to private physicians or to other psychiatric out-patient departments, while for others arrangements are made for admission to a hospital. The assistance of the social service workers is of great importance in planning for these patients and in studying and correcting the varying social conditions.

The out-patient department is operated from Monday to Friday, from two to five, and on Saturday mornings from nine to twelve. The staff, under the direction of Dr. Greenaere, was comprised on the average of 32 physicians, 17 of whom were in private practice. They attended the out-patient department two or three days a week. Nine physicians from the Westchester Division of the New York Hospital and selected members of the resident staff attended once a week. One psychiatrist is assigned to emergency service for patients who need immediate attention during the morning hours when the out-patient department is closed.

Capacity There has been little change in the number of patients, as the quota which can be studied and treated has been filled (1,567 patients were treated in 6,603 visits in 1936, and 1,534 patients in 6,224 visits in 1935). Due to the increase of patients seen in other out-patient departments of the New York Hospital, the proportion of patients referred by them has increased from 63 per cent in 1935 to 73 per cent, and the patients referred from outside sources decreased correspondingly. It is important that this trend be corrected if we wish to offer a wide service to the community. The most feasible plan seems to be to add one or two psychiatrists to the consulting service in the medical and possibly surgical out-patient

departments. These consultants could take care of many minor disorders or offer advice and guidance without referring the patients to the psychiatric out-patient department.

Future Problems The following statement from Dr. Greenacre's report is, therefore, pertinent:

"It is important to realize that the out-patient department receives an increasing number of applications for admission each year, and that only a proportion of the patients who apply for treatment can be received. This is undoubtedly indicative of the widespread need for psychiatric service in New York City, a need which can certainly be met adequately only by the establishment of more psychiatric out-patient clinics in connection with general hospitals. The out-patient department of the New York Hospital always has a waiting list of applicants, which at times reaches such proportions that we cannot with justice add more names and must close our doors to new applications. Thus the change in the ratio of the various sources of new patients does not indicate a change in the appreciation of the need for psychiatric treatment on the part of the public, so much as within the hospital itself,—since patients from other parts of the hospital are given preference over those applying from outside sources. The result of this policy is that the psychiatric out-patient department is tending to become a 'closed' hospital clinic, rather than one freely serving the community at large. I believe it is worthy of consideration whether or not this is a development which should be encouraged, or whether some effort should be made to establish a stable balance between these two main groups of patients I have mentioned."

Children An important unit is formed by Dr. Stranahan and a group of physicians who are especially trained in children's problems. These children were treated in 1,661 visits. The large majority of them suffered from minor disorders and were seen on an average of about 18 times. About thirty children had to return for a prolonged period of time (one to one and a half years, once a week, with an average of 35 visits a year), and about twenty would have received much



PATIENTS BENEFIT BY THE SOOTHING OR STIMULATING EFFECTS OF HYDROTHERAPY



CORNER OF WOMEN'S LOUNGE

better help if they could have been treated in a psychiatric in-patient department.

Psychologist The work of the psychologist includes psychological examinations and numerous interviews with relatives, social workers, and teachers. These conferences are necessary for an adequate evaluation of the patients' intellectual capacities and personality reactions. Of the 374 patients examined, 333 were children. Twenty-three patients were from the in-patient department, 23 from the nursery school (two school terms), and the remainder from the out-patient department.

Social Service A group of three social workers, including the one assigned to children, studied 1,331 cases, the majority of them from the out-patient department, requiring 3,152 interviews and 158 visits to homes. This work is of utmost importance for the understanding and adjustment of social factors. The social workers are in close contact with the individual physicians. Conferences among themselves and case conferences with the physicians are of mutual benefit. Considerable thought is given to developing in the future a closer relationship with the in-patient department.

Consultation Service The close cooperation between the various departments of the hospital leads to frequent consultations by the various specialists for advice and treatment. The in-patient department of the Clinie, as well as the out-patient department, benefits greatly by this readily available help in the diagnosis and treatment of physical conditions. In a reciprocal manner psychiatric consultation service on the various pavilions of the general hospital is carried out by Dr. Henry and Dr. Ryan, and by the resident psychiatrists whose work is supervised by Dr. Diethelm. Consultations were requested on 227 patients in the general hospital for the evaluation of emotional factors and personality disorders and their treatment.

PAYNE WHITNEY PSYCHIATRIC CLINIC

TEACHING AND INVESTIGATIVE ACTIVITIES

All members of the medical staff, with the exception of the junior assistant residents and the younger members of the Out-Patient Department, have teaching appointments in the Cornell University Medical College. This is an important policy, because teaching stimulates the individual physician to scientific thinking and forces him to keep clearly informed of advances in psychiatry and medicine in general. The first year medical students receive instruction from Dr. Diethelm in the method of studying normal personalities and are required to write a study of themselves. This material, which is considered highly confidential, is made the basis for discussion on mental hygiene and advice is given in personal interviews. Dr. Henry offers a lecture course on the basic principles of personality disorders during the second year and, together with Dr. Ryan, discussion of psychiatric problems on patients in the pavilions during the third year. The third year students also receive instruction in general psychiatry from Dr. Dunn and in child psychiatry from Dr. LaMar, Dr. Stranahan, and Dr. Husehka. Patients are presented to groups of three students by the members of the resident staff. During the fourth year the students spend their time in the Out-Patient Department and participate in weekly case demonstrations by Dr. Diethelm. In the fourth year teaching the therapeutic aspects are especially stressed.

Instruction to the student nurses is offered in formal lectures by the members of the medical and nursing staff. Informal discussions are used primarily to further the education of the graduate nurses. At intervals during the year, as part of the general training school requirements, 31 student nurses, in periods of four months, were assigned to the clinic. Six nurses took an eight-months' post-graduate course in psychiatric nursing.

During the past year an index system was worked out for the patients' records which are kept in the history room. This fills an essential need for therapeutic and investigative purposes. The use of the index permits easy access to the records of former

patients who suffered from similar disorders, and previous experience can therefore be utilized constantly. The records comprise the medical notes, the careful observations which are made daily by the nurses during the entire hospital stay, and in some patients special psychologic and social service investigations. To keep the in- and out-patient records in a well organized typewritten form, considerable clerical help is required; but this work is essential if records are to be medically useful and available for future research.

The medical library has been considerably expanded. The department subscribes to all leading American, English, French, and German psychiatric periodicals. A few foreign journals which are primarily devoted to neurology but contain important psychiatric articles, are lent for a week by the library of the Cornell Medical College. We wish to express to Mrs. Nichols, the librarian of the Medical College, our appreciation for this courtesy. A careful author and topical index is kept of all important publications. During the year 711 books have been added. Among them were 162 books of historical value, some of which are quite rare.

Much attention has been paid to the education of the resident staff. Each new member, in addition to the general instruction, receives special training in the methods of the study of the personality and psychotherapy. In staff meetings and informal discussions, therapeutic and investigative possibilities are reviewed carefully, with references to literature. The opportunity to attend clinical lectures is used freely by the younger members of the staff.

The educational and investigative program in the pediatric out-patient department has been continued by Dr. LaMar and Dr. Huschka with the assistance of a social worker and the psychologist. Six hundred ninety-two children were studied and later discussed with the individual pediatrician. Here, as in the consultations in the various pavilions, the main goal is to educate the physicians to be able to take care of the minor personality disorders with the assistance of the psychiatrist and not have the psychiatrist assume the obligation for treatment except where the skill of the specialist is necessary or where

treatment in a psychiatric hospital is indicated. This teaching development was supported by the Commonwealth Fund.

The nursery school, attended by 18 children under the age of five, is organized for the purpose of studying the behavior of normal children and their personalities. It is planned to utilize the nursery school later in offering the opportunity for basic work for those psychiatrists who wish to specialize in children's disorders. The present task is still to develop the best methods of observation and of recording. Mrs. Barklie McKee Henry has again kindly offered her financial assistance during the year 1936.

Research work is naturally limited during a period of organization. Dr. Diethelm is continuing his therapeutic investigations and Dr. Jameison his study of the problem of suicide. Dr. Henry has finished a preliminary survey of cases of hyperthyroidism to determine psychogenie factors involved. He is still carrying on his study of psychosexual deviations.

At the conference on psychiatric education, attended by the teachers in psychiatry of the medical schools in this country, Dr. Diethelm was invited to discuss the aspects of teaching treatment to medical students and Dr. Henry the teaching of toxic psychoses. In addition, addresses were made by Dr. Henry to various medical societies. The following publications have been written by members of the department:

Dr. Oskar Diethelm—Treatment in Psychiatry. The Macmillan Company, New York, 1936.

Dr. William B. Titley—Pre-psychotic Personality of Patients with Involutional Melancholia. Archives of Neurology and Psychiatry, 36, 1936.

CHANGES IN THE MEDICAL STAFF

Dr. William L. Russell resigned as General Psychiatrist Director on December 31, 1936. His valuable advice, as Consulting Psychiatrist, however, will be further available to us. On June 30th Dr. Charles Diller Ryan resigned as Chief Resident Psychiatrist and Executive Assistant, and Dr. B. Mildred Evans as Resident Psychiatrist. Dr. Joel M. Hill resigned as

Resident Psychiatrist October 31st to enter private practice in Texas. Dr. Ryan remains connected with the department as Assistant Attending Psychiatrist, and Dr. Evans as Psychiatrist to Out-Patients.

FINANCIAL COMMENTS

The income of the Department derived from endowment, grants from the Commonwealth Fund, and from Mrs. Barklie McKee Henry, and the receipts from patients, has been sufficient for current expenses during the year. The majority of the patients in residence paid less than the per capita cost of maintenance, among them being seven patients who were treated without charge. The cost to the Department for the Out-Patient Service was substantial, as a majority of the cases were free patients.

In closing this report we wish to call attention to the most urgent needs in the further development of the department. In the interest of economy, the children's floor remains closed. In building the Clinic unusual opportunities have been provided for the treatment and intensive study of children. Little work has been done along these lines, and few hospitals exist where children can be sent who are in need of psychiatric help. The large laboratories which were planned for research, through lack of supporting funds, remain unused.

We also wish to acknowledge the assistance and untiring service of the medical, nursing, and other groups of the hospital staff, and the cooperation of the members of the other departments of the New York Hospital. Our deep appreciation is due to the members of the Payne Whitney Psychiatric Committee and to the members of the governing Board for your constant support and guidance.

Respectfully submitted,

(Signed) OSKAR DIETHELM

Psychiatrist-in-Chief

(Signed) GERALD R. JAMEISON

*Associate Psychiatrist
and Medical Director*

TABLE I

MOVEMENT OF POPULATION OF THE PAYNE WHITNEY
PSYCHIATRIC CLINIC

	<i>Men</i>	<i>Women</i>	<i>Total</i>
Patients in residence, December 31, 1935.....	28	42	70
Admitted	100	183	283
Average Daily Number	21.8	39.9	61.7
Total Patients treated.....	128	225	353
Discharged	103	174	277
To Self	14	15	29
To Relatives and Friends.....	62	100	162
Transferred to New York Hospital—			
Westchester Division	13	27	40
Transferred to Other Hospitals.....	9	24	35
Transferred to General Hospital.....	...	7	7
Died	4	2	6
Results:			
Recovered	5	16	23
Much Improved	13	25	38
Improved	60	80	140
Unimproved	21	49	70
Remaining December 31, 1936.....	25	51	76
Capacity of Clinic (Adults).....	30	58	88
Capacity of Clinic (Children) .....	...	...	23

TABLE II
CLASSIFICATION OF 1936 ADMISSIONS

ORGANIC GROUP	Men	Women	Total
Psychoses with syphilitic meningo-encephalitis (general paralysis).....	1	...	1
Traumatic Psychoses .....	..	1	1
Psychoses with cerebral arteriosclerosis.....	2	5	7
Senile Psychoses .....	..	3	3
SOMATIC AND TOXIC GROUP			
Psychoses with infectious and somatic disease (delirium)	2	4	6
Psychoses due to drugs and other exogenous poisons	1	2	3
Psychoses due to metabolic disease.....	..	1	1
Psychoses associated with organic changes of the nervous system:			
Carcinoma metastases to cord and brain .....	..	1	1
Brain tumors	1	3	4
<i>Alcoholic Psychoses</i>			
Delerium tremens	1	...	1
Acute hallucinosis	6	2	8
Korsakow's Syndrome .....	..	2	2
FUNCTIONAL GROUP			
<i>Psychoncuroses:</i>			
Hysterical type .....	..	1	1
Psychasthenia	5	12	17
Hypochondriases	2	3	5
Reactive depression	5	7	12
Anxiety reaction	1	6	7
Mixed group .....	..	2	2
<i>Manic-Depressive Psychoses</i>			
Hypomanic reaction	2	...	2
Manic "	10	7	17
Depressive "	12	32	44
Circular type	2	7	9
Mixed type	4	2	6
Stupor .....	..	1	1
<i>Dementia Praecox (Schizophrenia)</i>			
Simple type	2	1	3
Hebephrenic type	1	6	7
Catatonic "	8	17	25
Paranoid "	6	14	20
Mixed "	2	2	4
<i>Paranoia and Paranoid Conditions</i>	2	7	9
<i>Psychoses associated with Convulsive State</i>	3	...	3
<i>Involutorial Psychoses</i>			
Melancholia	3	14	17
Paranoid type .....	..	2	2
<i>Psychoses with Psychopathic Personality</i>	4	6	10
<i>Undiagnosed</i>	2	..	2
Without Psychoses—problems related to			
Alcoholism	6	4	10
Without Psychoses—problems psychopathic personality	4	6	10
	100	183	283
	==	==	==

TABLE III

CONSULTATION AND TREATMENTS BY GENERAL HOSPITAL STAFF

	<i>In General Hospital</i>	<i>In Clinic</i>
Allergy	5	2
Dental	1	1
Ear, Nose & Throat	26	12
Eye	49	1
Gynecological	2	43
Neurological	3	28
Orthopedie	4	3
Skin	7	7
X-ray	9	102
Genito-urinary	8	17
Proctoskopie	3	1
Dressings .....	...	88
Endoerine .....	...	18
Malarial .....	...	13
Medical .....	...	115
Plastic surgery .....	...	1
Routine physical .....	...	259
Surgical .....	...	38
Electro-cardio	5	...
Operations	9	...
T. B. Clinic	3	...
X-ray treatments	13	...
	<hr/> 147	<hr/> 749
	<hr/> =	<hr/> =

TABLE IV
DENTAL DEPARTMENT

<i>Dentist</i>	1935	1936
New Patients examined.....	149	177
Times Seen	633	636
Radiograph reading of 14 films.....	136	158
Radiograph reading, partial sets.....	11	21
Nerve vitality tests.....	8	4
Synthetic porcelain fillings.....	135	135
Porcelain inlays .....	.....	1
Porcelain crowns .....	.....	4
Gold alloy fillings	213	146
Gold fillings	3	.....
Gold inlays .....	.....	4
Gold crowns	4	.....
Cement fillings	2	14
Temporary fillings	9	26
Prosthetic work (filling and fitting dentures, tightening clasps, taking impressions, re-eementing inlays and crowns)	63	54
General treatments	78	158
Surgical dressings and treatments.....	.....	8
Special gum treatments.....	38	56
Full dentures .....	.....	1
Partial dentures	2	1
Gold dentures .....	.....	2
Repair work in rubber .....	.....	2
Repair work in gold .....	.....	1
Bridgework (removable)	5	.....
Bridgework (fixed)	3	2
Extractions	43	74
Ether administered .....	.....	4
Gas administered	3	.....
Operations for impacted molars.....	.....	4
Novocain injections	38	43
Root canal work.....	10	17
 <i>Dental Hygienist</i>		
New Patients seen.....	169	207
Times seen	704	724
Dental Prophylaxis	207	217
Follow-up treatments	162	201
Gum treatments	13	54
Periodical examinations	38	29
Hours assisting at chair	259	256
Hygiene instruction	170	205
Emergency treatments	31	45
Number of X-ray surveys	127	167
Number of single films	24	33

TABLE V
CLINICAL LABORATORY DEPARTMENT

Examinations made:

Haemoglobin	375
Red blood count.....	375
White blood count.....	420
Differential count	400
Blood sugar	290
Blood urea nitrogen.....	215
Glucose tolerance	3
Blood bromide	18
Chloride	1
Non-protein nitrogen	1
Sedimentation rate	7
Icterus index	5
Bleeding and clotting time.....	5
Urinalysis	711
Phenol sulphonephthalein test.....	1
Mosenthal test	4
Concentration and dilution.....	1
Alcohol in urine.....	2
Feces	10
C.s.f. cell count.....	17
Gastric analysis	9
Sputum	5
Material stippling	1
Basal metabolic rate.....	56
	2,932

TABLE VI
OCCUPATIONAL THERAPY DEPARTMENT

	<i>Men</i>	<i>Women</i>	<i>Total</i>
Patients treated	113	213	326
Average daily attendance.....	16	33	49
Total number of classes in O. T. Department			1,180
Total attendance of classes in O. T. Department			17,678
Total number of visits to individual patients on patients' floors.....			2,551
Total number of articles made.....			4,761

TABLE VII
FORMS OF DISORDERS OF PATIENTS ADMITTED TO THE
OUT-PATIENT DEPARTMENT

<i>Disorder</i>	<i>Adults</i>	<i>Children</i>	<i>Total</i>
Psychoses with syph. meningo-encephalitis.....	2	...	2
Psychoses due to drugs or other exogenous poisons:			
Due to illuminating gas.....	1	...	1
Others—thyroid intoxication	1	...	1
Traumatic psychoses:			
Post-traumatic mental deterioration.....	1	...	1
Psychoses with cerebral arteriosclerosis.....	2	...	2
Senile psychoses:			
Delirious and confused types.....	1	...	1
Involutional psychoses:			
Melancholia	9	...	9
Psychoses assoc. with organic changes of nervous system:			
With other brain diseases.....	2	...	2
Psychoneuroses			305
Hysteria	107	3	110
Compulsive states	13	2	15
Neurasthenia	5	...	5
Hypocondriasis	10	...	10
Reactive depression	24	...	24
Anxiety state	36	...	36
Mixed psychoneurosis	90	...	90
Others	15	...	15

<i>Disorder</i>	<i>Adults</i>	<i>Children</i>	<i>Total</i>
Manic-depressive psychoses			32
Depressive type	13	...	13
Circular type	6	...	6
Mixed type	1	...	1
Stuporous type	1	...	1
Other types	11	...	11
Dementia praecox (schizophrenia)			20
Simple type	4	...	4
Hebephrenic type	3	...	3
Catatonic type	2	...	2
Paranoid type	6	...	6
Other types	5	...	5
Paranoia and paranoid conditions			11
Paranoid condition	10	...	10
Pathological jealousy	1	...	1
Without psychoses			89
Epilepsy	5	6	11
Alcoholism	2	...	2
Mental deficiency	5	45	50
Psychopathic personality:			
With pathological sexuality	2	...	2
With social or amoral trends	3	...	3
Mixed types	2	...	2
Others	11	8	19
Primary behavior disorders			151
Simple adult maladjustment	10	...	10
Primary behavior disorders in children	...	...	...
Habit disturbance	...	1	1
Conduct disturbance	...	5	5
Neurotic traits	...	98	98
Others	...	37	37
No psychiatric findings	1	...	1
No diagnosis reached	1	...	1
Diagnosis deferred	19	11	30
Examination incomplete—no return	36	9	45
Not yet examined	34	3	37

